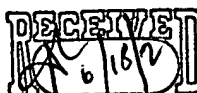


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|--|------------------------|--------------|
| TRANSMITTAL WITH EXTENSION REQUEST <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/359,562 |
| | Filing Date | 7/22/99 |
| | First Named Inventor | Gordon |
| | Group Art Unit | 2173 |
| | Examiner Name | Sax, S.P. |
| Total Number of Pages in This Submission | Attorney Docket Number | DIVA/006CIP1 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - APPLICANTS REQUEST A 2 MONTH EXTENSION <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | The Commissioner is authorized to charge the \$200 fee for response within the second month and any other fees due including but not limited to any extension fee pursuant to 1.136(a) to Deposit Account No. 20-0782. A duplicate copy of this transmittal is attached. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--------------------------------|
| Firm or Individual name | Eamon J. Wall, Reg. No. 39,414 |
| Signature | <i>EJ Wall</i> |
| Date | 6/17/02 |

